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PENISTONE  
RURAL DISTRICT COUNCIL.



**ANNUAL REPORT**

*of*

**The Medical Officer of Health**

*for the Year*

*1950*





PENISTONE RURAL DISTRICT COUNCIL.

PUBLIC HEALTH COMMITTEE, 1950.

COUNCILLOR H. CLAY (Chairman).

" E. ARMITAGE.

" R. BEEVER.

" B.B. BOOTH.

" R. DYSON.

" J. FERGUSON.

" H. GARNETT.

" W. GREEN.

" E. HAIGH (Mrs.).

" E. MARSH (Chairman of the Council).

" H. NORTON.

" M. POTTER (Mrs.).

" R. TURNER.

" E. THORPE.

" D. WHITFIELD.

" F. WINTERBOTTOM (C.C.).

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health.

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H. D.P.A.

Sanitary Inspector and Surveyor.

W. HAROLD OWEN, M.S.I.A., M.I. Mun.E.



ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR 1950.

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To the Chairman and members of the Penistone Rural District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Rural District for the year ending 31st December, 1950.

This report has been prepared on similar lines to that of 1949, the Minister of Health having requested that it should be so compiled and at the same time should make special reference to such matters as water supplies, sewerage disposal, the proper care of food supplies, and action taken concerning better education of the public in matters relating to the clean handling of food in the district. This latter problem is one of the foremost confronting the Public Health Services today.

Although there is no statutory duty imposed on me to discuss services provided under Part III of the National Health Service Act, 1946, these being administered by the West Riding County Council, yet I feel that as these are personal medical services affecting us as individuals in the area in which we live, some reference to them in a report of this nature may be of interest. Since your Medical Officer of Health is also the Divisional Medical Officer, he is well equipped to deal with any important matter arising within his province as District Medical Officer of Health, having the reinforcing services of Part III of the National Health Service Act within his Division under his day to day administration.

As in previous years, that part of the report dealing with Housing and Sanitary Circumstances, is submitted by Mr. Owen, your Chief Sanitary Inspector, who deals in detail with the water supplies to each Parish, and with sewerage and sewage disposal.

To comment generally on the statistics for the Penistone Rural District for the year under review, a slight decrease in the Birth Rate was noticeable, i.e. 17.4 per 1,000 of the estimated population. This figure represents the Crude Birth Rate for the area, and when the Areal Comparability Factor is applied to this, thus permitting comparison with comparable areas, the resultant true Birth Rate is 18.9. This rate was greater than that for the Country as a whole, 15.8, and greater than that for the administrative County, i.e. 16.3. There were 132 live births during the year, as compared with 145 in 1949. There were in addition 4 still births registered, two males and two females, as compared with one in the previous year. Of the total live births, three were illegitimate, two male and one female, whereas there had been none in 1949.

The Death Rate was lower than last year, 7.7 per 1,000 of the estimated population, as against 10.6, this rate being considerably less than that for England and Wales, 11.6, and for the administrative County, 11.8. There was a total of 58 deaths in 1950 as compared with 76 in 1949.

I am happy to report that there were again no maternal deaths during the year under review. The Maternal Mortality Rate for the Country as a whole has happily fallen to a new low rate of 0.86 as compared with a rate of 0.98 in 1949.





The Infant Mortality Rate is low, being 30 per 1,000 live births, a figure which is a marked improvement on that of the previous year, i.e. 48. The comparable rate for England and Wales is 30, for the Administrative County of the West Riding 35, and for the aggregate of Rural Districts in the West Riding, 39. In my report for last year I was much perturbed at the high Infantile Mortality Rate, and I dealt at some length with this matter, and it is most satisfying to see this improvement. This is an admirable achievement, and it reflects great credit on Medical Practitioners, Midwives, Health Visitors, and all others concerned in the care of Mothers before, during, and after confinement. It is to be hoped that this high standard can be maintained.

With the exception of the seasonal outbreaks of Measles and Whooping Cough, there was no marked prevalence of Infectious Disease during the year. No cases of Diphtheria or Acute Anterior Poliomyelitis occurred during 1950.

In concluding this short introduction to my Annual Report, I should like to have it put on record how much I appreciate the continued support and encouragement I receive from the Chairman and members of the Health Committee. My thanks are also due to the Clerk, the Deputy Clerk and the other officials, for their continued kindly co-operation. My special thanks are due to Mr. Owen, the Chief Sanitary Inspector, for the good work he continues to perform in the Health Department of your Council. For his invaluable help, and for his continued loyalty to the Department in general, and to me in particular, I wish to offer my grateful thanks.

I would like also to put on record how much I appreciate the help and co-operation of my colleague, Dr. Taggart, Deputy Medical Officer of Health, and to him I extend my sincere thanks.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.





## DISTRICT STATISTICS IN BRIEF.

The Penistone Rural District covers an area of 29,003 acres. The district is divided into ten Parishes. The approximate acreage and the number of houses in each Parish is as follows :-

<u>Parish.</u>	<u>Acreage.</u>	<u>Number of Houses</u>
Cawthorne.	3,709	321
Dunford.	8,953	255
Gunthwaite and Ingbirchworth	2,057	113
High Hoyland.	851	49
Hunshelf	1,816	94
Langsett.	4,914	88
Oxspring	1,202	212
Silkstone.	1,559	495
Stainborough.	1,720	126
Thurgoland.	<u>2,222</u>	<u>478</u>
	<u>29,003</u>	<u>2,231</u>

The Rateable Value of the district is £37,622, while the product of a penny rate is £157, 9s. 5d. as at December, 1950.

## VITAL STATISTICS.

### POPULATION.

The Registrar General has given his estimation of the population as 7,570. This is an increase of 430 compared with the 1949 figure.

### BIRTHS.

There were 132 live births registered in the district during 1950. Of these 69 were males and 63 females. This number is 13 less than 1949. There were three illegitimate births, 2 males and 1 female.

### STILL BIRTHS.

During the year there were four still-births, 2 male and 2 female. There were no illegitimate still-births.



## DEATHS.

During the year 58 deaths - 31 male and 27 female, were attributed to the Penistone Rural District. This is a decrease of 18 on the figures for 1949. That gives a Crude Death Rate of 7.6 per 1,000 of the estimated population. The Registrar General, however, this year has been able to issue an Areal Comparability Factor. This is a factor which, when applied to the Crude Death Rate gives a final figure, permitting comparison between one district and another. The factor for Penistone Rural District is 1.06 which, when applied to the Crude Death Rate of 7.6 gives a finally adjusted Death Rate for the district of 11.8

Below are given some tables of Live Birth Rates, Still Birth Rates and Crude Death Rates, with similar figures for other parts of the Country. These tables are set out so that the rates for Penistone Rural District can be compared with other parts of the Country.

### RATES PER 1,000 TOTAL POPULATION.

	England and Wales.	126 County Boroughs & Great Towns including London.	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census.	London Adminis- trative County.	Penistone R.D.
			<u>LIVE BIRTHS.</u>		
1950	15.8	17.6	16.7	17.8	17.4
1949	16.7	18.7	18.0	18.5	20.3
1948	17.9	20.0	19.2	20.1	18.5
1947	20.5	23.3	22.2	22.7	18.1
			<u>STILL BIRTHS.</u>		
1950	0.37	0.45	0.38	0.36	0.52
1949	0.39	0.47	0.40	0.37	0.14
1948	0.42	0.52	0.43	0.39	0.86
1947	0.50	0.62	0.54	0.49	1.03
			<u>DEATHS (CRUDE DEATH RATE).</u>		
1950	11.6	12.3	11.6	11.8	7.6
1949	11.7	12.5	11.6	12.2	10.6
1948	10.8	11.6	10.7	11.6	10.50
1947	12.0	13.0	11.9	12.8	12.07



PRINCIPAL CAUSES OF DEATH.

INFECTIVE AND PARASITIC DISEASES.

Tuberculosis, Respiratory. 1.

MALIGNANT NEOPLASM.

Stomach. 2.

Lung. 1.

Other sites. 5.

ENDOCRINE DISEASES.

Diabetes. 2.

NERVOUS SYSTEM AND SENSE ORGANS.

Vascular Lesions. 11.

CIRCULATORY SYSTEM.

Coronary Disease. 4.

Hypertension. 2.

Other heart disease. 10.

Other circulatory disease. 3.

RESPIRATORY SYSTEM.

Influenza. 1.

Bronchitis. 1.

GENITO-URINARY SYSTEM.

Nephritis and Nephrosis 2.

CONGENITAL MALFORMATIONS. 1.

OTHER DEFINED AND ILL DEFINED DISEASES. 10.

SUICIDE. 2.

T O T A L 58.





AGE DISTRIBUTION OF DEATHS.

<u>Age Group.</u>	<u>1948.</u>	<u>1949.</u>	<u>1950.</u>
Under 1 year.	3	6	4
1 to 2 years.	-	1	-
2 to 5 years.	1	1	-
5 to 15 years.	2	-	-
15 to 25 years.	1	-	-
25 to 45 years.	8	2	7
45 to 65 years.	12	14	10
65 years and over.	<u>46</u>	<u>52</u>	<u>37</u>
<u>TOTALS:</u>	<u>73</u>	<u>76</u>	<u>58</u>

INFANTILE MORTALITY.

There were 4 Infantile Deaths attributed to the district during 1950, all males, equivalent to a rate of 30 per 1,000 live births.

MATERNAL MORTALITY.

There were no Maternal Deaths during 1950.

INQUESTS.

Three Coroners' Inquests were held during 1950. In another instance the cause of death was certified by the Coroner after Post Mortem Examination without inquest.

NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948.



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES.

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Infectious Diseases other than Tuberculosis.

During the year, a total of 88 cases of Infectious Diseases were notified. The various notifications were as shown below, together with those for previous years :-

	<u>1948.</u>	<u>1949.</u>	<u>1950.</u>
Scarlet Fever.	8	13	10
Diphtheria.	-	-	-
Measles.	121	51	43
Whooping Cough.	45	26	30
Pneumonia (notifiable).	2	3	4
Acute Anterior Poliomyelitis.	2	4	-
Erysipelas.	1	1	1
Cerebro-Spinal Meningitis.	-	2	-
	<u>179</u>	<u>100</u>	<u>88</u>

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

Disease.	England & Wales.			148 Smaller Towns.			Penistone R.D.		
	1948.	1949.	1950.	1948.	1949.	1950.	1948.	1949.	1950.
Scarlet Fever.	1.73.	1.63.	1.50.	1.82.	1.83.	1.61.	1.16.	1.82.	1.32.
Diphtheria.	1.08.	0.04.	0.02.	0.09.	0.04.	0.02.	0.00.	0.00.	0.00.
Pneumonia.	0.73.	0.80.	0.70.	0.60.	0.65.	0.61.	0.29.	0.42.	0.52.
Cerebro-Spinal Meningitis.	0.03.	0.02.	0.03.	0.02.	0.02.	0.02.	0.00.	0.28.	0.00.
Measles.	9.34.	8.95.	8.39.	8.84.	9.18.	8.36.	17.44.	7.14.	5.68.
Whooping Cough.	3.42.	2.39.	3.60.	3.31.	2.39.	3.21.	6.48.	3.64.	3.94.
Erysipelas.	0.21.	0.19.	0.17.	0.21.	0.19.	0.16.	0.14.	0.14.	0.13.





DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

AGE GROUP.	SCARLET FEVER.			WHOOPING COUGH.			PNEUMONIA			MEASLES.			ERYSIPELAS.		
	1948	1949	1950	1948.	1949	1950.	1948	1949	1950	1948	1949	1950	1948	1949	1950
Under 1 year.	-	-	-	1	2	2	-	-	-	1	2	2	-	-	-
1 - 2 years.	1	1	-	4	3	6	-	-	-	10	3	2	-	-	-
2 - 3 years.	1	-	-	10	4	4	-	-	-	18	4	3	-	-	-
3 - 4 years.	-	-	1	8	6	4	-	-	-	11	4	6	-	-	-
4 - 5 years.	1	3	1	9	3	5	-	-	-	17	10	8	-	-	-
5 - 10 years.	3	9	5	11	8	9	1	-	-	58	25	21	-	-	-
10 - 15 years.	-	-	3	-	-	-	-	-	-	3	3	-	-	-	-
15 - 25 years.	1	-	-	-	-	-	-	1	2	2	-	1	-	-	-
25 - 45 years.	1	-	-	1	-	-	-	2	1	1	-	-	1	1	-
45 - 65 years.	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
65 years & over.	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Age unknown.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS:	8	13	10	45	26	30	2	3	4	121	51	43	1	1	1



SCARLET FEVER. During the year under review, 10 cases of Scarlet Fever were notified, a decrease of 3 compared with the 1949 figure. The type of infection in this disease has been much milder in recent years, and it is possible in many cases to treat patients at home if they can be satisfactorily isolated from other members of the family.

DIPHTHERIA.

It is again pleasing to report that no case of Diphtheria occurred during the year. In spite of the fact that the area has been free from this disease for the past four years, it is necessary to emphasise the importance of continual vigilance in the field of prevention. In my opinion the Immunisation Campaign has played a major part in bringing about this great decrease in the number of cases occurring annually in this Country. During the year under review, 72 children under 5 years, and 7 children between 5 and 14 years were immunised. At the same time, 37 children received a reinforcing dose of anti-diphtheria vaccine.

WHOOPIING COUGH.

There were 30 cases of this disease reported during the year, an increase of 4 on the previous year. This cannot be accepted, however, as the whole extent of the problem, as many cases of Whooping Cough occur which do not come to the Family Doctor's notice. These cases are not isolated, and are thus responsible for spreading the infection to other children. The importance of treating this disease adequately cannot be over emphasised. Whooping Cough may have serious after effects in the shape of chronic chest disease, especially Bronchiectasis. Broncho-Pneumonia may itself pave the way for a Tuberculous attack on the lungs. In even moderate cases, symptoms may be prolonged, and the child may not resume normal health for many months owing to the exhaustion and debility associated with the disease. The outcome is not infrequently fatal, especially in younger children.

The only solution to this problem of Whooping Cough lies in the field of prevention by active Immunisation. Much research has been done in order to find a suitable vaccine, and the latest results obtained from mass Immunisation of groups of children have been most promising. Until the Medical Research Council are satisfied that a sure and safe vaccine has been produced, most Local Authorities will not embark on a scheme of inoculation against Whooping Cough.

TUBERCULOSIS.

During the year there were 5 new cases notified, 4 of which were Pulmonary cases. It is most important in dealing with this highly infectious disease that the epidemiological field should be explored in connection with every case. The Tuberculosis service, of course, is now divided between the Regional Hospital Board and the Local Health Authority. The Regional Hospital Board is responsible for the treatment, whilst the Local Health Authority is responsible for the environmental matters.





The Tuberculosis Nurse, who previous to the coming into force of the National Health Service Act, worked in the Tuberculosis Clinic and did some field visiting, is now on the staff of the Divisional Medical Officer as a Health Visitor. Her work is, of course, solely in the field of Tuberculosis. Mrs. Todd is the Nurse concerned, and she visits all Tubercular families and acts as a liaison between the patient and the Clinic. She also provides the environmental reports which decide the action we may take in the interests of the general welfare of the patients. One of these procedures might be the supporting of an application for rehousing.

In the Penistone Rural area the Clinic concerned principally is the one which is held at the Wesleyan Sunday School, Penistone, on the first and third Thursdays in each month. There is, of course, the Central Clinic at Church Street, Barnsley, where more detailed examinations can be carried out.

### FOOD POISONING.

The problem of Food Poisoning has been very much in the minds of Public Health Authorities during the past two years, and constitutes one of the major problems with which we in the Public Health Service are confronted today. It is of vital importance that the food which we eat should be clean and wholesome, and that no matter where we go to have a meal, there should be no doubt in our minds that the food has been prepared and cooked in a hygienic manner.

The prevention of Food Poisoning is really one of personal hygiene, and if everyone adopted strictly clean habits, the number of cases of Food Poisoning occurring in this Country annually would be greatly reduced. As a result of a very marked increase in illness due to this disease during the years 1947, 48 and 49, the Ministry of Health decided, as a result of investigation that new legislation should be introduced to combat the problem, and Model Byelaws were framed for the guidance of Local Authorities. These model Byelaws were adopted by your Council in November 1950. Your Sanitary Inspector has done a survey of all establishments in the Penistone Rural area where food is stored, prepared, offered for sale, or consumed on the premises, and it should be possible in the future to keep a more careful check to ensure that the risk of the spread of diseases from consumption of unclean food is much reduced. The risk is especially great where large quantities of food are prepared at once and remain unconsumed for several hours, especially during the Summer months. This occurs, for example, in School Canteens, and I, as your Medical Officer of Health, and as School Medical Officer for this Division, have this matter of hygiene in School Canteens constantly in mind.





## HEALTH EDUCATION.

There is no doubt that if the public were more aware of the fundamentals of personal hygiene, that the risks would be greatly diminished, and the only means by which they can learn is by instruction. Health Education is a most important factor in the work of the Public Health Department, and every opportunity is taken to talk to groups of people on health matters. The Central Council of Health Education has done considerable work in the field of Food Poisoning, and has made available to Local Authorities posters of several kinds, by which the public are made more aware of the real risks which may follow carelessness in matters of hygiene. We have taken full advantage of this service in your area, and at the present moment posters and literature are issued to Clinics for distribution to the public. It is perhaps somewhat more difficult to bring this matter home to people living in a Rural area owing to their sparse distribution and the fact that they do not congregate so closely as those in Urban areas, but I do not think the problem is insurmountable, and I will continue to disseminate as widely as possible the importance of scrupulous cleanliness and personal hygiene in the handling of food.



## GENERAL PROVISION OF HEALTH SERVICES.

### HOSPITALS.

All Hospital facilities are now the responsibility of the Sheffield Regional Hospital Board. Cases of Infectious Diseases are usually admitted to the Kendray Isolation Hospital, Barnsley, although some are sent to the Lodge Moor Hospital, Sheffield.

Maternity cases requiring admission to Hospital are admitted to the Princess Royal Maternity Home, Huddersfield, the St. Helen Hospital, Barnsley, and the Hallamshire Maternity Home, Chapeltown.

### LABORATORY FACILITIES.

All the necessary facilities for bacteriological Laboratory work are available at the Wakefield Laboratory of the Medical Research Laboratory.

### AMBULANCE FACILITIES.

The Penistone Rural District is covered by an Ambulance Service from the Sub-Depot at Penistone. This Sub-Depot is part of the Depot which is stationed in Hoyland, and which covers the entire district. The Ambulance Service is directly under the control of the Local Health Authority, through the County Ambulance Officer.

At the coming into operation of the National Health Service Act, the Ambulance Service was put to considerable strain to tackle a new service with inefficient, and sometimes non-existent vehicles. We have always been reasonably well provided for at the Depot at Hoyland, and during 1950, five new vehicles were added to the fleet, two of which were radio controlled vehicles. The establishment of radio controlled vehicles for the Depot is now four, and a third radio controlled vehicle was delivered shortly after the end of the year. The vehicles are new, and they have given an extremely good service during the year.

There have been one or two reports of misuse of the service, and there have been some complaints about the service given. In practically all those cases there was much exaggeration. It is not to be wondered at when one considers such a service, that at times there must of necessity be a delay in the collection of patients at Hospital, for delivery to their respective homes. I think the general public are completely satisfied with the service and appreciate that if there might be a delay, that the explanation is in the excessive demands on this service.

I would like to put on record my appreciation of the work done by the Ambulance Service in this Division. Any time that I have had to contact them for help, or for the provision of a vehicle, I have been courteously treated, and the duty asked for has been expeditiously and efficiently carried out. The Ambulance Service is not an easy service to run, but the Service given from the Depot in Penistone has been very well done indeed.

If and when extra help is required, other vehicles can be provided from the Wath Depot or from the Depot at Hoyland.





## CLINICS.

There are no Ante-Natal Clinics in the area. Ante-Natal services are provided by the General Medical Practitioners under their terms of agreement with Executive Councils.

An Infant Welfare Centre is established at Cawthorne, and use is also made of the one at Penistone. The Divisional Medical Officer now visits Cawthorne Clinic once a month. This has given an added interest to the staff there, as problems which arise can be dealt with by personal contact. I am pleased to state that generally speaking the Mothers in Cawthorne are sympathetically inclined towards this Clinic, and seem to appreciate the services offered. During the period under review, the total number of attendances was 748, of which 440 were children under the age of one year.

## TUBERCULOSIS.

See above.

## VENEREAL DISEASES.

Treatment is available at Centres in Barnsley, Sheffield and Huddersfield, particulars of which are given below :-

<u>Address.</u>	<u>Days and hours of attendance</u>	
	<u>Men.</u>	<u>Women.</u>
Barnsley, Queens Road.	Mon. 6 - 8 p.m. Thurs. 6 - 8.30 p.m.	Mon. 2.30 - 4.30 p.m. Thurs. 2.30 - 6.0 p.m.
Sheffield Jessop Hospital for Women.		Tues. 4.0. - 6.0. p.m. Thurs. 4.0. - 6.0. p.m. Sat. 11 a.m. - 12.30 p.m.
Sheffield Royal Hospital.	Tues. 6. p.m. Thurs. 6. p.m.	Thurs. 11 a.m. Fri. 6 p.m.
Royal Infirmary.	Tues. 5 - 7 p.m. Wed. 5 - 8 p.m. Fri. 6 - 8 p.m.	Tues. 2 - 4 p.m.
Huddersfield York Place, New North Road.	Mon.) Tues.) 6 - 8 p.m. Wed.) Fri.) Wed. 10 - 12 noon.	Mon.) Tues.) 6 - 8 p.m. Wed.) Fri.) Wed. 10 - 12 noon.

## MORTUARY.

The Public Mortuary at Penistone serves the Parishes adjacent to the Centre, whilst other Parishes use the Mortuary at Dodworth.



## DOMESTIC HELP SERVICE.

During the year the Domestic Help Service provided a great deal of help and comfort in homes where there was sickness, and where the person responsible for running the home (generally the Wife and Mother) was incapacitated.

The Domestic Help Service is really a new service, and the demands on this service have been very much greater than was originally anticipated. During the early part of the year it was discovered that throughout the County Domestic Helps were being employed in numbers much in excess of the official establishment. To resolve the position it was found in this Division, as in some other Divisions, that any new demands on the service must be refused until the establishment was increased. In those cases where a Domestic Help was in attendance, no action was taken unless it was to reduce the number of hours the Domestic Help spent in that particular home to the authorised establishment. The Local Health Authority were quick to see the need for urgent reconsideration of the establishment throughout the County, and a new figure was agreed upon and the Minister of Health was asked to give his approval to the amended figure, which he did very expeditiously. The service was soon resumed, with a considerable increase of establishment in certain Divisions, and in Division 22 the establishment was increased from the equivalent of 14 full-time Domestic Helps to 25.

I have tried to analyse the statistics of the Domestic Help Service so that I can give a fair picture of how the service worked within each of the constituent districts forming Division 22, and so far as the Penistone Rural District is concerned there were during 1950, 3 Domestic Helps employed. The total number of cases attended in their homes was 11, ten of which were new cases. In your area the Domestic Helps worked a total of 1,163 hours. Considering that during a period of two months the service was very restricted, I consider that this figure indicates a very practical service to the district.





### HEALTH VISITING.

Towards the end of the year a new Health Visitor was appointed in your area, and as from the 1st December, 1950, the duties of Health Visitor were taken over by Miss A. Haigh, who is resident at 1, Knowle Street, Penistone.

### HOME NURSING.

Home Nursing is performed in your district by one Home Nurse and two District Nurse Midwives, as indicated below :-

<u>NAME.</u>	<u>ADDRESS.</u>	<u>TELEPHONE NUMBER.</u>
Miss K.J. Mark.	34, Victoria Street, Penistone.	Penistone 167.
Miss M.A.Smith.	34, Victoria Street, Penistone.	Penistone 167.
Mrs. C. Bennett.	12, Netherfield, Crane Moor, Thurgoland.	Stocksbridge 2159

### MIDWIFERY SERVICE.

The Midwifery Service in the Penistone Rural District is carried out by the two District Nurse Midwives mentioned above, i.e. Miss K.J. Mark and Miss M.A. Smith, doing the combined duties of Midwifery and Home Nursing, and one whole-time Midwife, Miss J.L. Bain, who is resident at "Plevna", Silkstone Common, Nr.Barnsley, telephone number Silkstone 356. During the year under review, the total number of visits in connection with Midwifery was 2,004, and the total number of confinements attended was 108 - 90 as Midwives and 18 as Maternity Nurses.





## SANITARY CIRCUMSTANCES.

( Prepared and produced by W. Harold Owen)

There are 2,238 houses in the District, of these 1,908 have public water supplies from the following undertakings:-

Barnsley Corporation.  
Denby Dale U.D.C.  
Holmfirth U.D.C.  
Sheffield Corporation.  
Penistone U.D.C.  
Penistone R.D.C.

### Houses on mains supply.

All the houses on the mains have water laid on to the sink.

### Sources of water supplies.

The supplies from the Barnsley Corporation, Sheffield Corporation and Denby Dale Urban District Council are from upland surfaces, impounded, filtered and chlorinated, and are soft waters.

The bulk supply from the Penistone Urban District Council is from 4 deep boreholes, being hard water.

Subsidiary supplies are taken from upland surfaces, being soft water, filtered and chlorinated; where the R.D.C. supply from own undertaking, the water is from upland surfaces being soft.

## DISTRIBUTION.

### Parish of Cawthorne.

The bulk of the supply is from the Barnsley Corporation and part from Darton U.D.C. - water from Penistone U.D.C. The Western part comprising the hamlets at Raw and Clough Green is privately supplied by the Cannon Hall Estate.

### Parish of Dunford.

The R.D.C. distributes the public supply from a source vested in them at the Banks to Dunford Bridge, and likewise at Townhead. The supply to the hamlets at Hazlehead and Crowedge is distributed by the District Council and obtained from the U.D.C. from their Bance Edge source.

### Parish of Gunthwaite & Ingbirchworth.

The District Council distribute a bulk supply to the Ingbirchworth part of the Parish obtained from Barnsley Corporation.

### Parish of Hunshelf.

The District Council distribute the supply to part of the built up area of the Parish at Green Moor, from the source at Blackmoor Common. A substituted supply is now being taken from the Sheffield Corporation from a source at Hunshelf Bank.

### Parish of High Hoyland.

The District Council distribute the supply to the built up area, obtained in bulk from Denby Dale U.D.C.

### Parish of Langsett.

Supplies distributed to the built up area by the Sheffield Corporation.



#### Parish of Oxspring.

The District Council distribute the supply obtained from the Penistone U.D.C.

#### Parish of Stainborough.

The District Council distribute the supply obtained from the Barnsley Corporation.

#### Parish of Silkstone.

Barnsley Corporation being the Statutory Authority, distribute the supply.

#### Parish of Thurgoland.

The District Council distribute the supply to the built up area from own sources.

#### Extension of Supplies.

A supply has been extended from Hunshelf Bank to Green Moor, serving the built up area and isolated farms and cottages.

#### Proposed Extensions.

To supply the built up area of Roughbirchworth.

To supply the hamlet at Copster, Thurgoland.

To supply the hamlet at Carlecotes.

To interlink the supply at Ratten Row, Stainborough with Crane Moor.

To provide added storage at Thurgoland Hall, Thurgoland.

To improve supply to hamlet at Crowedge.

#### Samples.

One sample has been submitted for report, farm supply, Pond Farm, Hunshelf. Result satisfactory.

#### Complaints as to shortage.

Intermittent supplies to the hamlet at Crowedge. Shortage due to incrustation of existing service main at Hill Top, Thurgoland.

#### Complaints as to quality.

No complaints have been received as to quality during the year.

### SEWERAGE.

Of the 2,238 houses in the District, 1,506 are connected to public or private sewers. The sewerage from the remaining 732 houses being disposed of by private arrangement, such as Cess Pits, Septic Tanks with filters and Land Irrigation.

The largest group of houses not connected to public sewers being at Dunford Bridge, 15, Carlecotes, 23, Crowedge, 43, Ingbirchworth, 15, High Hoyland, 21, Oxspring, 15, Thurgoland (Ramsden Row) and Green Moor, 18.

Schemes have been approved for dealing with the unsewered area on the West side of Ingbirchworth Village.

A scheme has been prepared for dealing with the built up area of High Hoyland.

A public sewer has now been provided for the built up area of Green Moor.





## SEWAGE DISPOSAL.

### Parish of Cawthorne.

The sewerage from the Western area of the Village is dealt with at the Sewage Disposal plant at Dark Lane, where a modern system exists. The sewerage from the East side of the village is dealt with at works adjacent to Cinder Hill Lane and West thereof. A scheme is prepared for transferring all the sewerage to the Dark Lane works, by provision of a new sewer and pumping plant.

### Parish of Dunford.

A new works has been provided at Dunford Bridge by the Railway Executive to serve the Tunnel Camp. In the set-up, provision has been made for dealing with the sewerage from the existing houses. The plant is to be purchased from the Railway Executive on completion of the Tunnel operations, as a permanent works.

The Village of Crowedge has no provision for Sewage Disposal but a scheme is contemplated.

The Village of Carlecotes has no provision for Sewage Disposal, but a scheme is contemplated, negotiations for land being in hand.

### Parish of Gunthwaite & Ingbirchworth.

It is anticipated that new works will be undertaken to deal with the sewerage for the Village of Ingbirchworth during 1951.

### Parish of Hunshelf.

Plant has now been provided for dealing with the sewerage from the built up area of Green Moor.

### Parish of High Hoyland.

A scheme has been submitted for works but as a grant from the Ministry has not been made to-wards the operation, the scheme has been postponed.

### Parish of Langsett.

The sewage from the built up area is dealt with by plant vested in the Sheffield Corporation, Waterworks Department.

### Parish of Oxspring.

The sewage from the built up area is dealt with by plant sited near the Bower Hill Bridge. The plant is deemed overloaded in the absence of additional filters.

### Parish of Stainborough.

The sewage from the built up area in the Village is dealt with at plant North thereof. The plant is deemed obsolete and requires modernizing. The sewage from the hamlet at Ratten Row is dealt with at plant South thereof.

### Parish of Silkstone.

The Sewage from the built up area of Silkstone is dealt with by plant sited North of the Village and East of the Old Wagon Road. The plant is deemed overloaded and is long overdue for improvement. The sewage from the built up area at Silkstone Common is dealt with by plant sited North of Throstle Nest Farm.



## SEWAGE DISPOSAL (Contd).

### Parish of Thurgoland.

The sewage from the built up area of the Village is dealt with at plant sited due East of Sharpe Forge Bridge, Huthwaite, and is deemed obsolete. A scheme for modernizing the plant is to be considered.

The sewage from the hamlet at the Nook, Crane Moor, is dealt with by plant North thereof. The plant is deemed obsolete. A scheme is in hand to divert the sewerage to the works at Danes Lane. The sewage from the lower region of Crane Moor is dealt with by plant at Danes Lane. The plant is deemed obsolete. It is expected that new works will be provided in 1951.





# CONVERSION OF PRIVIES AND PAN-CLOSETS.

2 pan and 16 privies were re-constructed  
as water closets.

<u>Parish.</u>	<u>Owner.</u>	<u>Situation.</u>	<u>NUMBER.</u>	<u>Remarks.</u>
			Pans Privies	
CAWTHORNE	Cannon Hall Estate.	Norcroft Cottages	2	Grant aided
do	Mrs. Watts.	Fearn House	1	
GUNTHWAITE	W. Gaunt	Park View,		
		Ingbirchworth	1	do.
	A. Greaves	do.	1	
	W. Drew.	do.	1	
OXSPRING	A. Goldthorpe	Kirkwood Mills.	2	
SILKSTONE	W. Brook	Pye Greaves	1	do.
STAINBOROUGH.	Barnsley Corporation.	Dairy Cottage.	1	
THURGOLAND.	F. Crossley	Fearn Cottage	1	do.
do.	Captain Wentworth.	Eastfield Farm	1	
do.	Mrs. Calvert	Huthwaite Lane	2	
do.	V. Wordsworth	Belle View	1	
do.	W. do	do	1	
do.	F. Shepherd	Mountain Row, Crane Moor.	2	

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Additional closets to old property.  
12 closets were provided for old  
property as w.c.

<u>Parish.</u>	<u>Owner.</u>	<u>Situation.</u>	<u>Number.</u>
CAWTHORNE.	Mrs. Watts.	Fearn House.	1
GUNTHWAITE & INGBIRCHWORTH.	F. Sykes	Me!Ome	1
OXSPRING	A. Goldthorpe	Kirkwood Mills	2
SILKSTONE	A. Wray	Castle View	1
do	A. Wilson	Moorend Lane	1
THURGOLAND	Mrs. Fieldsend	Pick Cliff	1
do	Mrs. Calvert	Huthwaite	1
do	F. Shepherd	Mountain Row, Crane Moor.	3
LANGSETT	M. Trueman	Grocery Stores	1

## Closet Accommodation.

Total Number of Dwelling Houses in District. 2238.

No. of Closets in:-	Water Closets	Waste	Privies		Pails or Tubs	Other	Total
		Water Closets	With open middens	With covered middens			
(a) Dwelling Houses	1402	None	50	554	66	None	2072
(b) Factories	15	do.	None	1	1		17
(c) Shops	19	do.	do.	6			25
(d) Hotels and Public Houses	51	do.	do.	4	3		58
(e) Business Premises	54	do.	do.	193	10		257
(f) Public Conveniences	3	do.	do.	None			3
(g) Schools	76	do.	do.	12	8		96
(h) Other Premises	14	do.	do.	13	12		39
In (a) above, No. of dwelling houses having							
				(a)	one W.C.	1332	
				(b)	two W.C.'s	70.	





CONSTRUCTED AS WATER CLOSETS FOR NEW HOUSES.

68 Water closets were constructed for new  
houses.

<u>Parish.</u>	<u>Owner.</u>	<u>Situation.</u>	<u>Number.</u>
CAWTHORNE	Kent	Kirkfield	1
DUNFORD	Railway Executive	Dunford Bridge	5
HIGH HOYLAND	Auckland	Winter Hill	1
SILKSTONE	Rural District Council	Manor Park	54
do.	Gough	Viewlands	1
	Robinson	do.	1
STAINBOROUGH	National Coal Board	Hood Green	2
do.	Barnsley Corporation	Flats, Stainboro Castle	2
THURGOLAND	Hobbs	Roper Lane	1

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The Table as follows summarizes the position as to water closets,  
pan closets, privies, ash pits and sanitary bins.

<u>Parish.</u>	<u>Houses</u>	<u>w.c.</u>	<u>privies</u>	<u>pan</u>	<u>sanitary bins</u>	<u>Open middens.</u>
CAWTHORNE	321	317	67	11	198	
DUNFORD	255	110	161	34	93	
GUNTHWAITE & INGBIRCHWORTH	113	63	70	3	58	
HUNSHELF	94	15	86	3	10	
HIGH HOYLAND	49	35	24	1	23	
LANGSETT	88	11	45	36	16	
OXSPRING	212	210	34	3	187	
STAINBOROUGH	133	113	69	-	88	
SILKSTONE	495	492	46	6	389	
THURGOLAND	478	269	231	3	229	
	2,238	1,634	833	100	1,291	50



## REFUSE COLLECTION AND DISPOSAL.

The whole of the Rural District is publicly scavanged. Two refuse collection vehicles are employed fully on this service, being vested in the ownership of the Council.

### Details of Vehicles

<u>Make.</u>	<u>Capacity</u>	<u>Date of Manufacture</u>
Karrier Bantam	2 tons. 7 c. yds.	1947
Karrier C.K. 3. Type	3 - 4 tons. 10.c.yds.	1948

Staff employed: Two drivers and four loaders.

### DISPOSAL OF REFUSE.

Refuse is entirely disposed of by tipping (uncontrolled) at the following sites:-

<u>Parish.</u>	<u>Situation.</u>
CAWTHORNE.	Low Mill Farm
DUNFORD	Opposite Bents Farm, Crowedge.
GUNTHWAITE & INGBIRCHWORTH.	Quarry, Carr Lane, Gunthwaite.
HUNSHELF	Quarry, adjacent to Well Hill, Green Moor.
HIGH HOYLAND	As Cawthorne
OXSPRING	As Hunshelf
STAINBOROUGH	Strafford Collieries, Gilroyd.
SILKSTONE	Cone Lane.
THURGOLAND	As Hunshelf and Pog Lane, Crane Moor.

Costs of Collection: £2,500.

### SALVAGE OF WASTE.

Owing to lack of accommodation for receiving and sorting paper, collection has been temporarily suspended.





## SANITARY INSPECTIONS: NUISANCES.

During the year 200 visits were made for the detection and abatement of Nuisances:-

Nuisances found in 1950	34
do. in hand 1949	31
Total needing abatement	65
Abated during 1950	45
Outstanding, end of 1950	20

### Classification of Nuisances found:-

Undrained buildings	2
General housing defect	17
Overcrowding	5
Defective sink wastes	2
Defective services	1
Accumulations	2
Defective Sanitary Bins	1
Unclassified	1
Unsatisfactory Sewage Disposal	1
Drains obstructed	2
	<hr/>
	34
	<hr/>

## HOUSING.

During the year the Council Houses have been erected and occupied in the following Parishes:-

<u>Parish.</u>	<u>Scheme.</u>	<u>Type.</u>
Silkstone	Manor Park	6 Traditional 21 Airey Rural.

### HOUSING (PRIVATE).

<u>Parish</u>	<u>Name</u>	<u>Situation.</u>	<u>No.</u>
CAWTHORNE	Kent House	Kirkfield	1
DUNFORD	Railway Executive Houses	Dunford Bridge	5
HIGH HOYLAND	Auckland	Bungalow Winter Hill	1
SILKSTONE	Gough	Bungalow Viewlands, Silkstone Common	1
do.	Robinson	House do. do.	1
STAINBOROUGH	N.C.B.	House Hood Green	1
do.	Barnsley Corporation.	Flats Wentworth Castle	2
THURGOLAND	Hobbs	Bungalow Roper Lane	1



### Verminous Houses.

During the year no infestations have been notified as requiring attention.

### Milk.

Since the Ministry of Agriculture and Fisheries accepts responsibility under the Milk and Dairies Regulations, 1949, for the registration of all persons carrying out the trade of dairy farmer and of all farms producing milk for sale, the conduct of production and inspections are undertaken by the said department.

Supplementary licences for the retail of bottled tuberculin and pasteurised milk have been issued to:-

1. Barnsley British Co-operative Society.
2. Stocksbridge do. do.

### Ice Cream.

1. Establishment has been registered for the manufacture of ice cream for retail on own premises:-

G. Fieldsend, The Stores, Cawthorne.

24 visits were made to the premises, conditions found being satisfactory.

4 establishments have been registered for the sale of wrapped ice cream:-

Mrs. Thickett, The Post Office, Oxspring.

Mr. G. Wood, Toll Bar, Dunford.

Mrs. Belcher, The Stores, Crowedge.

Stocksbridge Co-op. Society, Thurgoland and Crane Moor Branches.

### Meat and other foods.

There are 9 slaughter houses in the district:-

1. Registered and 8 licensed and which are occasionally used for the slaughter of pigs for feeders own consumption.

### Prevention of Damage by Pests Act, 1949.

During the year the rat problem has been tackled at Sewage Disposal Works and on the line of sewers and pre-baiting and baiting has given satisfactory results. Calls have been made from householders in the destruction of rats.

### Movable Dwellings.

The number of resident movable dwellings in the district is 10.:-

#### Parish.

HUNSHELF	1
LANGSETT	1
STAINBOROUGH	2
DUNFORD	2
SILKSTONE	2
THURGOLAND	2

The number of movable dwellings used at weekends, 9.:-

#### Parish.

THURGOLAND	1
CAWTHORNE	3
GUNTHWAITE	3
LANGSETT	2





SHOPS ACT, 1912 - 1938.

34 shops remain on the register. Inspections have been made to most of these and the sanitary requirements where seen, satisfactory.

Building Byelaws.

<u>Proposal</u>	<u>Applicant.</u>	<u>Site</u>	<u>Remarks</u>
Bungalow	G. Padgett	High St., Silkstone	Approved
Steel framed shed	Hepworth Iron Co.	Crowedge	do.
Internal alterations	Hammonds Brewery Co.	Dog & Partridge, Bordhill	do.
Wash kitchen	W. Goodison	Bungalow, Roughbitchworth	do.
Garage (site)	R. Turner	Bull Haw Lane, Silkstone	do.
Cafe	P. Schofield	Flouch	do.
Poultry House	R. Wartigg	Hill Top, Thurgoland.	do.
Conversion (house)	M. Greenall	Old School House, High Hoyland	do.
Garage	S.G. Elliott	Crane Moor Nook, Crane Moor	do.
Extensions to cottage	J. Sykes	Me'ome, Ingbitchworth	do.
Wash kitchen	L. Drew	Ingbitchworth	do.
Wash kitchen	Youth Hostels Assn.	Fulshaw	do.
Internal alterations	Clarkson's Brewery Co.	Ring O' Bells, Silkstone	do.
Bungalow	G.C. Robinson	Back Lane, Cawthorne	do.
Stone Shed	Barnsley Corporation	Short Grain Intake, Dunford	do.
5 Water closets	F. Shepherd	Crane Moor Nook.	do.
2 do do	Mrs. Calvert	Rock Leigh, Thurgoland	do.
Cottage extension	N. Crossley	Fearn Lea, Pog Lane, Crane Moor	do.
Implement shed	Shrewsbury Hospital Estates	Grindley Carr	do.
Movable dwelling	Geo. Pearson	Hall Royd, Silkstone Cmn.	Not approved
Nissen Hut	A. Higgins	Rock House Farm, Langsett.	Approved
Cow shed	S.C. Harrison	Home Farm. Oxspring	do.
Cottage extension	J. Fox	Rock Inn, Green Moor.	do.
Store shed	J. Higgins	Moorland View, Langsett	do.
Cottage extension	S.E. Harrison	Mill Farm House, Oxspring	do.
Water closet	S. Sykes	Ben Bank Rd., Silkstone Cmn.	do.
Garage	G.B. Fieldsend	Cottage Cafe, Cawthorne	Approved subject to Planning consent.
Bungalow	S. Pickering	Cone Lane, Silkstone Cmn.	Approved
28 flats	Barnsley Corporation	Cannon Hall	do.
Potting and Implement Shed	Mr. T. Horsfield	Silkstone Nurseries	do.
Garage	do.	do.	do.
Tractor Shed	B. Beever & Sons	Ingbitchworth	do.





PENISTONE RURAL DISTRICT COUNCIL.

Public Health Committee, 1950.

Parish

DUNFORD	Councillor H. Clay, Chairman.
CAWTHORNE	" E. Armitage.
GUNTHWAITE & INGBIRCHWORTH	" R. Beever.
HUNSHELF	" B.B. Booth.
SILKSTONE	" R. Dyson.
THURGOLAND	" J. Fergusson.
SILKSTONE	" H. Garnett.
LANGSETT	" W. Green.
THURGOLAND	" E. Haigh (Mrs).
DUNFORD	" E. Marsh, Chairman of the Council.
HIGH HOYLAND	" H. Norton.
CAWTHORNE	" M. Potter (Mrs).
SILKSTONE	" R. Turner.
THURGOLAND	" E. Thorpe.
STAINBOROUGH	" D. Whitfield.
OXSPRING	" F. Winterbottom (C.C.)

Staff of the Health Department.

Sanitary Inspector and Surveyor,

W. Harold Owen, M.S.I.A., M.I. Mun. E.



District Statistics in brief.

The Penistone Rural District covers an area of 29,003 acres.  
The District is divided into ten Parishes.  
The approximate acreage and the number of houses in each  
Parish is as follows:-

<u>Parish.</u>	<u>Acreage.</u>	<u>Houses.</u>
CAWTHORNE	3,709	321
DUNFORD	8,953	255
GUNTHWAITE & INGBIRCHWORTH	2,057	113
HIGH HOYLAND	851	49
HUNSHELF	1,816	94
LANGSETT	4,914	88
OXSPRING	1,202	212
SILKSTONE	1,559	495
STAINBOROUGH	1,720	126
THURGOLAND	2,222	478
		<hr/>
		2,238
		<hr/> <hr/>

The Rateable Value of the District is £37,622., while the  
product of a Penny Rate, £157. 9. 5d.







